

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5	4						55					
6	4						56					
7	6						57					
8	7						58					
9	7						59					
10	7						60					
11	8						61					
12	8						62					
13	8						63					
14	8						64					
15	8						65					
16	8						66					
17	8						67					
18	8						68					
19	8						69					
20	8						70					
21	8						71					
22	1						72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			2	2			TOTAL IND.					
TOTAL DEP.			21	21			TOTAL DEP.					
TOTAL CLAIMS			23				TOTAL CLAIMS					